

**THIS IS A SPECIMEN FORM -
FOR INFORMATION ONLY AND NOT FOR COMPLETION
THE ACTUAL FORM IS AT: <https://www.surveys.hilarycurtis.com/fs-hivpncase.aspx>**

HIV Partner Notification - Case Note Audit

Partner notification can be a complex, time consuming process, often requiring input from all members of the multi-disciplinary team. It is essential we capture the performance of the whole team as accurately as possible. We strongly encourage you to either involve/consult all the relevant staff groups in completing these forms and /or ensure you access all relevant records. For example many PN conversations are held in the medical HIV consultation, which may be overlooked if you only refer to Health Advisor notes or sexual health clinic records. We do appreciate this will take more time but we also recognise that failure to do this will (possibly incorrectly) result in outcomes that do not accurately reflect what you are actually delivering as a service. To facilitate this you may want to complete Q17 onwards on paper first and then transfer it to the web form.

Include all patients attending your service for whom the date of a confirmed positive HIV test was during the audit interval. For centres caring for HIV positive patients who may not have made the initial diagnosis (for eg ID services) or if patients initially tested during a medical admission, primary care etc, also include all patients who attended your service for the first time during the audit period and who were diagnosed at another service during the audit period or in the month preceding the audit period.

Include consecutive patients prior to 31st December 2011, until you have included 40 patients OR covered a 12 month period back to 1st January 2011.

Keep a data base of the patients' clinic record number and assign each an audit number to enter on the web form (eg PN01, PN02, etc) so you can identify patients if we have any queries.

The areas highlighted in grey are additional items to the core audit question. This is an attempt to do two things:

To capture some outcome measures within our audit programme, rather than just process measures. This would greatly enhance the ability to demonstrate the value of the work we do through PN, for example if we show those newly diagnosed via PN have a higher average CD4 count than the National average –ie earlier diagnosis.

To estimate resources and time spent on delivering HIV PN.

However if you complete the rest of the audit, but not the grey sections, you will be considered to have fully completed the audit, as these grey sections are additional items.

1. If yours is a GU service, please select your BASHH region from the menu below, and then select your clinic from the list that appears. Otherwise please select "Non-GUM eg infectious diseases". A new menu will then appear, and please select your clinic from that.

Region (BASHH branch): _____

Clinic:
After selecting, please click
outside box
 and check
that correct clinic is showing

2. Patient details

Audit number (number linked to clinic number to be kept securely by clinic, see explanatory notes):

Enter audit number: _____

3. Current gender identity (as reported by the patient):

- Male
- Female
- Transgender
- Not known

4. Ethnicity:

- White
- Black African
- Black Caribbean
- Asian
- Other
- Not known/not stated

5. Age at HIV diagnosis:

- Under 20
- 20-29
- 30-39
- 40-49
- 50-59
- 60 or older

6. HIV infection risk factor(s) –please select all that apply:

- Heterosexual sex
- Homosexual sex
- Injecting drug use
- From a country with high HIV prevalence in the general population:
Please specify country if known or region (eg Sub-Saharan Africa): _____
- Sexual contact with someone from a country with high HIV prevalence in the general population:
Please specify country if known or region (eg Sub-Saharan Africa): _____
- No known risk factor
- Other:
Please specify: _____

7. Date of confirmatory HIV test:

Day: _____
Month: _____
Year: _____

The next four items are additional please see explanatory notes above
8. Date first CD4 count:

Day: _____
Month: _____
Year: _____

9. Value first CD4 cell count:

Value in cells x 10⁶/l: _____

10. Date first viral load if different to above:

Day: _____
Month: _____
Year: _____

11. Value first viral load:

Value in copies/ml: _____

12. Partner notification details

First consultation:

Was HIV PN performed in your service for this patient? (this includes if PN was initiated, even if it was not completed)

Yes
No
Comment: _____

13. If yes, date of first PN consultation:

Day: _____
Month: _____
Year: _____

14. Category of staff conducting first PN consultation:

HA
Nurse
Clinical Nurse Specialist
Staff with dual HA/nurse role
Doctor
Other
If other, please detail: _____

15. If PN not performed:

No documentation regarding PN
Patients routinely seen for HIV care elsewhere

- Patient transferred care
- Documented that PN performed elsewhere
- Lost to follow up before PN initiated
- Other:
- Please specify: _____

16. Estimated time of infection and look-back period:

Was an estimate documented of when HIV infection was likely to have occurred?

- Yes
- No
- Other (for eg not explicitly documented, but can be deduced):
- Please expand: _____

17. What was the documented estimated time, in years and months, from infection to the date of the confirmed positive HIV test:

Years: _____

Months: _____

18. Which of the following data were used to estimate this? (Please tick all that apply):

- Sexual history
- Previous HIV testing history
- History of possible seroconversion illness.
- CD4 cell count(s)
- Recent infection testing algorithm (RITA) assays for HIV infection:
- If this option is selected, what was the avidity result (e.g. 90%) of the RITA assay? _____
- 4th generation HIV test result (with +ve antigen -ve Ab)

Form ends here if partner notification has not been performed: [You have finished the audit for this patient. Please click on submit form. Your answers are not saved until you do.]

SPECIMEN ONLY

19. Please specify the look-back period (in years and/or months) used for partner notification:

Years: _____
Months: _____

20. Contacts:

The following page(s) comprise a repeatable form for individual contacts of this index patient. Please complete this form for as many contacts as you can up to a maximum of five, including those considered not traceable, and those who were known to be HIV positive before the index patient was first seen (including if status not previously known by the patient).

For some patients there may be a number of partners with insufficient details to complete a form. For example there may be a patient who has 3 partners for whom at least some details are recorded (whether actually contactable or not) and a further 5-10 CMP in the past 6 months but without any further details documented. In this case you would decide between 5-10 and 11-15 as best option for the total number of contacts and 3 as the number of forms to be completed. Please then explain the difference by writing in the free text box, eg "5-10 CMP in past 6 months".

Total number of contacts:

- 0
- 1
- 2
- 3
- 4
- 5-10
- 11-15
- 16-25
- 26 or over

21. Number of contacts for whom form to be completed (this question requires an answer):

- 0
- 1
- 2
- 3
- 4
- 5

22. Explanation of any difference between number of forms and total number of contacts, including (estimated) number of contacts for whom there is insufficient information to complete a form even partially, and number of partners in excess of 5 who do have sufficient data to complete a form but the maximum of 5 has been reached:

Enter free text: _____

The remainder of the form repeats from 0 to 5 times depending on the answer given to question 21 above:

23. Contact number 1 for patient number [index patient audit number from question 2 is auto-inserted]:

Date PN first discussed:

Day: _____
Month: _____
Year: _____

24. What contact was involved? Please tick all that apply:

Sexual
Injecting drug use (IDU)
Vertical ie mother to child
Other:
Please specify: _____

25. If a sexual contact, which of these best describes that contact?

Regular partner (a sex partner with whom the index is "in a relationship")
Ex-regular (a sex partner with whom the index was "in a relationship" which has now ended and there is no on-going sex)
Casual known partner (a sex partner of any duration, but not in a relationship; the index knows their name & who they are ie they are not an anonymous partner)
Casual unknown partner (a sex partner of any duration but most likely a "one off" of whom the index has very little knowledge eg an anonymous partner)
Other:
Please specify: _____
Not recorded

26. If IDU contact are they:

Known ie contactable
Unknown, ie not contactable
Other:
Please specify: _____
Not recorded

27. What information was recorded about this contact (please tick all that apply):

Sex
First name
Surname
Age

DOB
 Ethnic category
 Address, including part of an address
 Telephone number(s), including mobile and landline number
 Other:
 Please specify: _____
 None

28. Type(s) of sex recorded if applicable (please tick all that apply):

Vaginal
 Anal
 Oral
 Other:
 Please specify: _____
 Not recorded

29. Condom use (if applicable):

	used	not used	not recorded
Vaginal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Was injecting equipment shared?

Yes
 No
 Not recorded

31. Was the partner deemed 'contactable'?

Yes
 No
 Not documented
 Not applicable - already attended
 Other:
 Please give details: _____

32. Agreed contact action

Was an agreed contact action documented for this contact?

Yes
 No
 Not applicable – partner already attended, or if other reason please specify:
 Specify reason: _____

33. If Yes, what was the date of this documentation:

Day: _____

Month: _____
Year: _____

34. If Yes, please specify which of the following methods of contact action were agreed (NB "contract" in the options below means the provider will inform the partner directly if the partner has not attended within an agreed/specified time frame):

Patient to inform
Provider to inform
Contract with index consent (see above)
Contract without index consent
Other:
Please specify: _____
No action:
Please specify: _____

35. Did the agreed action change?

Yes
No

36. If yes, when and in what way?

Day _____
Month _____
Year _____
Description of change: _____

37. Partner notification - outcome

What was the outcome of partner notification for this contact?

Contact already known to have HIV infection
Contact had a negative test in your service
Contact had a negative test in another service
Contact had a positive test in your service
Contact had a positive test in another service
Contact had an HIV test, but result not known
Record made that contact informed of risk of HIV infection, but not known to have had an HIV test
Contact not known to have been informed of risk of HIV infection
Other:
Please specify: _____

38. On what date was this outcome recorded:

Day: _____

Month: _____
Year: _____

39. When did this outcome actually occur:

Day: _____
Month: _____
Year: _____

40. How was this information obtained? (Health care worker verified means confirming contact attendance by checking records in your own service, or by contacting other services where contacts may have attended.) If both please tick HCW verified.

Patient report
Health care worker verified

41. Please record the number of interactions with index cases leading up to the contact having an HIV test: (Where this measure is not applicable, e.g. with an already known contact with HIV infection, please record: NA)

Face to face (number): _____
Telephone call (number) _____
Home visit (number): _____
Other, please specify each other type and number: _____

Clinical outcome for those contacts newly diagnosed with HIV These next items are additional items, please see explanatory notes

42. The contact attended for ongoing HIV care (this refers to attending an HIV appointment, either at the diagnosing centre or another HIV centre):

Yes
No
Not known

43. The contact's first CD4 count and date performed:

CD4 in cells x 10⁶/l _____
Day: _____
Month: _____
Year: _____

44. Was a recent infection testing algorithm (RITA) assay for HIV performed?

Yes
No
Not known

45. If Yes, what was the avidity result (e.g. 90%) of the RITA assay?

Value: _____
Not known

46. Was PN initiated for this contact?

- Yes
- No
- Not known

47. Number of new HIV diagnoses via PN if known (ie were any of the partners of this partner HIV positive?)

Number: _____

48. If this contact (ie a new HIV positive diagnosis as a result of PN) is also included as an index patient in the audit please enter their audit number here:

Audit number: _____

49. Please tick all the sources of information you used to complete this form:

- Hospital records – paper notes
- Hospital records – electronic notes
- Health Advisor (or nurses with HA role) entries
- GU staff entries
- HIV Doctor entries
- Other:
- Please specify _____

SPECIMEN ONLY